



# Child Welfare **DUAL Certification** Application and Policy Guide

Effective Date: January 16, 2019

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## Introduction

The Child Welfare Dual Certification program allows individuals who hold any of the FCB's recognized child welfare credentials in good standing to also earn and hold any of the following child welfare credentials:

- Certified Child Welfare Protective Investigator (CWPI)
- Certified Child Welfare Case Manager (CWCM)
- Certified Child Welfare Licensing Counselor (CWLC)

The following pages provide official policy and detailed instruction on how to earn certification in an additional child welfare discipline. *Note: Dual certification is a process, not a credential. When you successfully complete the dual certification process you will hold the awarded credential in full certified status.*

Hard copy applications and supporting documents must be submitted to the FCB on behalf of the applicant/certified professional by the employing agency's Training Entity Single Point of Contact/designee.

The FCB has assigned a Certification Specialist to each DCF region, who is the FCB point of contact for the Training Entity's Single Point of Contact/designee.

The FCB posts all child welfare certification applications, supporting documents and the name and email address of certification specialists by region on our website at

<https://flcertificationboard.org/resources/employer-sponsored-cw-certification-support-documents/>

All certification applications and supporting documents are editable PDF's. To use these files:

1. Download the form file to your computer.
2. Rename and save the file to your computer.
3. Open the file and type in all requested information. Note: The FCB accepts electronic and manual signatures. Manual signatures must be in **BLUE** ink.
4. Save the completed form to your computer.
5. Email or print/provide the completed form to your employer's Training Entity Single Point of Contact/designee.
6. The Training Entity Single Point of Contact will submit complete form(s) to the FCB.

## Dual Certification Standards and Requirements

The following certification requirements reflect the minimum experiences that must be documented in order to earn an additional child welfare certification, regardless of discipline unless otherwise specified.

Category	Requirement		
Current Child Welfare Certification	<p>Applicants must hold at least one of the FCB recognized child welfare credentials in good standing. FCB-recognized child welfare credentials are:</p> <ul style="list-style-type: none"> <li>Child Welfare Protective Investigator</li> <li>Child Welfare Protective Investigator Supervisor*</li> <li>Child Welfare Protective Investigator Specialist*</li> <li>Child Welfare Case Manager</li> <li>Child Welfare Case Manager Supervisor*</li> <li>Child Welfare Case Manager Specialist*</li> <li>Child Welfare Licensing Counselor</li> <li>Child Welfare Licensing Counselor Supervisor*</li> <li>Child Welfare Licensing Counselor Specialist*</li> <li>Child Protection Professional*</li> <li>Child Welfare Trainer*</li> </ul> <p>*The FCB recognizes these credentials but does not offer them to new applicants.</p>		
	<b>Seeking PI discipline</b>	<b>Seeking CM discipline</b>	<b>Seeking Licensing discipline</b>
Training	<ul style="list-style-type: none"> <li>• PI Specialty Track</li> </ul>	<ul style="list-style-type: none"> <li>• CM Specialty Track</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing Specialty Track</li> </ul>
On-the-Job (OTJ) Supervision & Competency Verification Requirement	<ul style="list-style-type: none"> <li>• 3 PI specific field observations and case consultations</li> <li>• 10 hours PI specific individual supervision</li> <li>• 5 hours PI specific group supervision</li> <li>• 5 hours PI specific group or individual supervision</li> </ul>	<ul style="list-style-type: none"> <li>• 3 CM specific field observations and case consultations</li> <li>• 10 hours CM specific individual supervision</li> <li>• 5 hours CM specific group supervision</li> <li>• 5 hours CM specific group or individual supervision</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Licensing specific field observations and case consultations</li> <li>• 10 hours individual supervision</li> <li>• 5 hours group supervision</li> <li>• 5 hours Licensing specific group or individual supervision</li> </ul>
Related Work Experience	520 hours PI experience	520 hours CM experience	520 hours Licensing experience

Category	Requirement
Written Exam	No exam required.
Credential Award	The credential award date is the day the last requirement was approved by the FCB. The FCB will issue a one-time wall certificate that does not expire. An electronic wallet card may be printed from the certified individual's online certification account at any time while the credential is in certified status.
Renewal	The new credential will expire on the same date as the "master" credential. After the first renewal, the credential will renew every two years on October 31 <sup>st</sup> of the renewal year.
CEUs	20 CEUs annually.

## Fee Schedule

In the event the fee schedule changes, the fees posted on the FCB website will take priority. There are two payment options for child welfare dual certification fees: Self-pay and Employer Pay. The statewide contract between DCF and the FCB does not include the Dual Certification application fee.

1. Self-pay refers to employers who require their applicant and/or certified employees to pay their own certification related fees directly to the FCB.
2. Employer Pay refers to employers who choose to pay certification related fees to the FCB for their applicant and/or certified employees. Employer pay includes DCF regions paying certification related fees NOT included in the statewide DCF/FCB contract. The Training Entity's Single Point of Contact will coordinate payment with the FCB on your behalf.

Requirement	Fee
Child Welfare Dual Certification Application	<b>\$65.</b> This fee is valid for a 12-month period. If the additional credential is not earned with 12-months of paying the certification application fee, a continuation fee of \$65 must be paid.  This fee must be paid when submitting the <i>CW Dual Certification Application</i> .
Renewal	<b>\$200</b> for the master credential renewal fee and <b>\$100</b> for each additional child welfare credential. If only one child welfare credential is renewed, the renewal fee is \$200.
<b>ALL FEES ARE NON-REFUNDABLE</b>	
<b>All manual application and credit card convenience fees are waived for individuals seeking DUAL certification as there is NOT an electronic application available.</b>	

## Application for Child Welfare Dual Certification

To apply for Child Welfare Dual Certification, you must:

1. Hold a FCB recognized child welfare credentials in **good standing**.
2. Complete the hard-copy **APPLICATION FOR CHILD WELFARE DUAL CERTIFICATION** and provide the complete document to your employer’s Training Entity Single Point of Contact/designee to submit to FCB on your behalf.
3. If you are self-pay, call the FCB to make payment over the phone or mail a check or money order to the FCB. If you are employer pay, your Training Entity’s Single Point of Contact will coordinate payment with the FCB on your behalf.
4. Important Information:
  - The FCB will route your application to your Region’s assigned Certification Specialist when your **APPLICATION FOR CHILD WELFARE DUAL CERTIFICATION** has been received and the fee has been paid.
  - You have a maximum of 12-months, from the date the **APPLICATION FOR CHILD WELFARE DUAL CERTIFICATION** is assigned to a Certification Specialist, to earn the credential.

**NOTE: there is not an electronic application for individuals seeking DUAL certification. As such, all manual application and credit card convenience fees are waived for individuals seeking DUAL certification**

## Training Requirement & Supporting Documentation

Content-specific training requirements vary depending on the credential held and the additional credential sought. All content-specific training must have been completed AFTER the master credential was awarded and no more than one year prior to your application for dual certification.

Child Welfare Specific Training	Certified in CM or Licensing & seeking PI discipline	Certified in PI or Licensing & seeking CM discipline	Certified in CM or PI & seeking Licensing discipline
	• PI Specialty Track	• CM Specialty Track	• Licensing Specialty Track

## Supporting Documentation

1. The **DUAL CERTIFICATION: TRAINING VERIFICATION FORM** must be completed by the Training Entity’s Single Point of Contact or designee.
2. The Training Entity’s Single Point of Contact/designee will scan/email the form and any supporting documentation to the FCB.

## OTJ Supervision and Competency Verification Requirement & Supporting Documentation

On-the-Job Supervision and Competency Verification requirements are specific to the credential being sought. All supervision must have been completed AFTER the master credential was awarded and no more than one year prior to your application for dual certification.

Supervision	Certified in CM or Licensing & seeking PI discipline	Certified in PI or Licensing & seeking CM discipline	Certified in CM or PI & seeking Licensing discipline
	<ul style="list-style-type: none"> <li>• 3 PI specific field observations and case consultations</li> <li>• 10 hours PI specific individual supervision</li> <li>• 5 hours PI specific group supervision</li> <li>• 5 hours PI specific group or individual supervision</li> </ul>	<ul style="list-style-type: none"> <li>• 3 CM specific field observations and case consultations</li> <li>• 10 hours CM specific individual supervision</li> <li>• 5 hours CM specific group supervision</li> <li>• 5 hours CM specific group or individual supervision</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Licensing specific field observations and case consultations</li> <li>• 10 hours individual supervision</li> <li>• 5 hours group supervision</li> <li>• 5 hours Licensing specific group or individual supervision</li> </ul>

**On-the-Job Supervision Requirement:** Supervision is face-to-face contact between a qualified supervisor and a provisionally certified professional during which the applicant appraises the supervisor of the status of a case, the case is discussed, the supervisor provides the applicant with oversight and guidance in working the case, and evaluates the applicant’s performance. Individual and/or group supervision must occur in minimum of 15-minute increments. Field observations and follow-up case consultation should last approximately 2 hours.

Certification applicants in a supervisory position may satisfy on-the-job supervision and competency demonstration requirements by either directly performing casework activities or by being observed providing on-the-job supervision to direct staff. Employers may not assign “test cases” to individuals seeking certification who do not hold a caseload or directly supervise caseload carrying staff.

Applicants must demonstrate competency on cases assigned to them. Employers may not assign “test cases” to individuals seeking certification who do not hold a caseload or directly supervise caseload carrying staff.

**On-the-Job Competency Requirement:** In addition to completing the direct supervision requirements, the supervisor must also be able to state that he or she DOES NOT have any concerns about the applicant’s ability to competently perform child welfare services under standard supervision. If the supervisor states, “Yes, I do have concerns ...” the supervision hours documented on the form will NOT be eligible for certification purposes.

**Definition of a Qualified Supervisor:** For certification purposes, a qualified supervisor is the applicant’s immediate supervisor or any other agency supervisor, trainer, mentor, quality assurance staff or other agency management/leadership staff assigned by the employer to provide supervision to employees seeking certification. Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

## Supporting Documentation

1. A separate **DUAL CERTIFICATION: ON-THE-JOB SUPERVISION AND COMPETENCY VERIFICATION FORM** must be completed by each qualified supervisor who provided supervision for dual certification purposes.
2. The Training Entity's Single Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB.

## Related Work Experience Requirement & Supporting Documentation

All related work experience must be specific to the discipline sought and must have been completed AFTER the master credential was awarded and no more than one year prior to your application for dual certification.

Related Work Experience	Certified in CM or Licensing & seeking PI discipline	Certified in PI or Licensing & seeking CM discipline	Certified in CM or PI & seeking Licensing discipline
	520 hours PI experience	520 hours CM experience	520 hours Licensing experience

### Supporting Documentation:

1. The **DUAL CERTIFICATION: RELATED WORK EXPERIENCE VERIFICATION FORM** must be completed by the employer's Human Resources Director or designee.
2. The Training Entity's Single Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB.

## Application Processing & Credential Award

The applicants Training Entity's Single Point of Contact can expect to receive an email notification within no more than 10-15 business days of assignment to a Certification Specialist with the current status of the application and any pending requirements. Applicants have a maximum of 12 months from assignment to a Certification Specialist to complete the child welfare dual certification application process and become certified.

The FCB will issue the CWPI, CWCM or CWLC credential within 10 business days of the FCB's receipt and approval of the complete application, fee payment and all required forms. The credential's expiration date will be on October 31<sup>st</sup> of the master credential's renewal year and will renew every two years thereafter.



# Application for Child Welfare DUAL CERTIFICATION

Effective Date: 1-16-19

**Directions:** To apply for Child Welfare Dual Certification, you must:

1. Hold a FCB recognized child welfare credentials in **good standing**.
2. Complete this **APPLICATION FOR CHILD WELFARE DUAL CERTIFICATION** and provide it to your employer's Training Entity Single Point of Contact/designee.
3. If you are self-pay, call the FCB to make payment over the phone or mail a check or money order to the FCB. If you are employer pay, your Training Entity's Single Point of Contact will coordinate payment with the FCB on your behalf. The DCF certification contract with FCB does not include fees for DUAL certification. Fees for manual certification application (\$25) and credit card processing (\$5) are waived for applicants seeking DUAL certification.

*Note: Dual certification is a process, not a credential. When you successfully complete the dual certification process you will hold the awarded credential in full certified status.*

<b>Part 1: Applicant Information.</b> Provide requested information EXACTLY as it is associated with your FCB account.	
_____ Full Name	
_____ Email Address	
<b>Part 2: Master Credential and Requested Credential Information.</b>	
Master Credential Name: _____	Master Credential Number _____
Requested Credential: <input type="checkbox"/> Child Welfare Protective Investigator (CWPI) <input type="checkbox"/> Child Welfare Case Manager (CWCM) <input type="checkbox"/> Child Welfare Licensing Counselor (CWLC)	
<b>Part 3: Employer Type and Payment Information</b>	
Indicate your employer type: <input type="checkbox"/> DCF <input type="checkbox"/> Sheriff Office <input type="checkbox"/> CBC Lead Agency <input type="checkbox"/> Case Management Organization A \$65 Child Welfare Dual Certification application fee is due with this application. <b>Fees are nonrefundable, nontransferable and cannot be billed to the FCB's certification contract with DCF.</b> Indicate your payment method*: <input type="checkbox"/> Self-Pay <input type="checkbox"/> CBC Lead Agency Pay <input type="checkbox"/> CMO Agency Pay  <small>*The FCB will verify eligibility before processing this application.</small>	
<b>Part 4: Assurance and Release.</b>	
I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in my online account and this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.  I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.	
_____ Signature (FCB accepts both manual and electronic signatures)	_____ Date





# DUAL CERTIFICATION: Training Verification Form

Effective Date: 1-16-19

## Directions:

1. The **DUAL CERTIFICATION: TRAINING VERIFICATION FORM** must be completed by the Training Entity's Single Point of Contact or designee.
2. The Training Entity's Single Point of Contact/designee will scan/email the form and any supporting documentation to the FCB.

### Part 1: Credential Specification. Please Indicate the credential you are seeking.

- Protective Investigator (CWPI)
  Case Manager (CWCM)
  Licensing Counselor (CWLC)

### Part 2: Applicant Information. Provide requested information EXACTLY as it is associated with your FCB account.

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

### Part 3: Curriculum Information

1. This form documents:
  - A single source training provider
  - Multiple training providers (A separate form must be completed by each training provider.)

2. Identify the specific curriculum delivered to the applicant listed in part 2 of this form.

- |   |            |          |
|---|------------|----------|
| <input type="checkbox"/> PI Specialty Training Track        | _____      | _____    |
|   | Start Date | End Date |
| <input type="checkbox"/> CM Specialty Training Track        | _____      | _____    |
|   | Start Date | End Date |
| <input type="checkbox"/> Licensing Specialty Training Track | _____      | _____    |
|   | Start Date | End Date |
| <input type="checkbox"/> Other _____                        | _____      | _____    |
|   | Start Date | End Date |

### Part 4: Preservice Training Verification Attestation

_____	_____
Name of Training Provider	Name of Primary Trainer
_____	_____
Name of Individual Completing Form	Title
_____	_____
Work Email Address	Work Phone

The applicant named on Part 2 of this form has completed the training indicated in Part 3 (above).  Yes  No

Documentation of successful completion of training is maintained according to agency protocol.  Yes  No

I consent to an audit of agency records if requested to verify my attestation.  Yes  No

*By my signature, I attest that the above material is true to the best of my knowledge.*

\_\_\_\_\_ Date  
 Signature (FCB accepts both manual and electronic signatures)



# DUAL CERTIFICATION: On-the-Job Supervision and Competency Verification Form

Effective Date: 1-16-19

1. A separate **DUAL CERTIFICATION: ON-THE-JOB SUPERVISION AND COMPETENCY VERIFICATION FORM** must be completed by each qualified supervisor who provided supervision for dual certification purposes.
2. The Training Entity's Single Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB.

<b>Part 1: Credential Specification.</b> Please Indicate the credential you are seeking.	
<input type="checkbox"/> Protective Investigator (CWPI)	<input type="checkbox"/> Case Manager (CWCM)
<input type="checkbox"/> Licensing Counselor (CWLC)	
<b>Part 2: Applicant Information.</b> Provide requested information EXACTLY as it is associated with your FCB account.	
Full Name _____	
Email Address _____	
<b>Part 3: Supervisor's Contact Information</b>	
Last Name _____	First Name _____
Title _____	Employer _____
Email Address _____	Business Phone _____
<b>Part 4: Direct Supervision Hours</b>	
1a. I <b>OBSERVED</b> the applicant in the field and <u>conducted a follow-up CASE CONSULTATION.</u>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
1b. * If "yes", how many field observations/case consultations did you complete?	<input style="width: 100px; height: 20px;" type="text"/>
2a. I <u>provided INDIVIDUAL supervision</u> to the applicant.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2b. * If "yes", how many hours of individual supervision did you provide (min. of 15 minute increments)?	<input style="width: 100px; height: 20px;" type="text"/>
3a. I <u>provided GROUP supervision</u> to the applicant.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3b. * If "yes", how many hours of group supervision did you provide (min. of 15 minute increments)?	<input style="width: 100px; height: 20px;" type="text"/>
<b>Part 5: On-the-Job Competency Demonstration</b>	
As a qualified supervisor, <b>do you have any concerns</b> about the applicant's ability to competently perform child welfare services under standard supervision?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*The applicant is currently certified and is seeking certification in an additional discipline. As such, all supervision must be at the level of competent job performance to be eligible for certification purposes.	
<b>Part 6: Attestation</b>	
I have read and understand the on-the-job supervision and competency requirements for persons seeking Dual Certification in a child welfare discipline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to an audit of agency records if requested to verify my attestation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
By my signature, I attest that the above material is true to the best of my knowledge.	
Signature (FCB accepts both manual and electronic signatures) _____	Date _____



# DUAL CERTIFICATION: Related Work Experience Verification Form

Effective Date: 1-16-19

## Directions:

1. The **DUAL CERTIFICATION: RELATED WORK EXPERIENCE VERIFICATION FORM** must be completed by the employer's Human Resources Director or designee.
2. The Training Entity's Single Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB.

<b>Part 1: Credential Specification.</b> Please Indicate the credential you are seeking.	
<input type="checkbox"/> Protective Investigator (CWPI)	<input type="checkbox"/> Case Manager (CWCM)
<input type="checkbox"/> Licensing Counselor (CWLC)	
<b>Part 2: Applicant Information.</b> Provide requested information EXACTLY as it is associated with your FCB account.	
Full Name _____	
Email Address _____	
<b>Part 3: Verifier's Contact Information</b>	
Last Name _____	First Name _____
Title _____	Employer _____
Email Address _____	Business Phone _____
<b>Part 4: Related Work Experience Attestation</b>	
I have read and understand the related work experience requirement for DUAL Child Welfare certification. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Position Title: _____	
Start Date: _____ End Date: _____	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time*	
*If part-time, average # of hours per week providing CW services: _____	
The FCB must have a copy of the employer's most recent position description to verify related work duties. Indicate how verification is provided to the FCB:	
<input type="checkbox"/> Official agency position description attached.	
<input type="checkbox"/> Official agency position description on file with FCB.	
<input type="checkbox"/> Other (describe): _____.	
I consent to an audit of agency records if requested to verify my attestation. <input type="checkbox"/> Yes <input type="checkbox"/> No	
By my signature, I attest that the above material is true to the best of my knowledge.	
Signature (FCB accepts both manual and electronic signatures) _____	Date _____